

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
10/521617  
APPLICANT(S)

FILING DATE

11/14/05 CLAIMS

	AS FILED		AFTER		AFTER	
	1st AMENDMENT	2nd AMENDMENT	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3			1			
4			1			
5			1			
6			1			
7			1			
8			1			
9			1			
10			1			
11			1			
12			1			
13			1			
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49						
50						
TOTAL IND.			1			
TOTAL DEP.			19			
TOTAL CLAIMS		20				

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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52						
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